

174/212 Cont.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Chong H. Lee et al.
Application No.: 10/643,276
Filed : August 18, 2003
For : PROGRAMMABLE LOGIC DEVICE WITH
HIGH SPEED SERIAL INTERFACE CIRCUITRY
Group Art Unit : Not yet assigned
Examiner : Not yet assigned

New York, New York
November 14, 2003

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to the examination of the above-identified
application, please amend the application as follows:

Amendments to the Claims are reflected in the listing
of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

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11/17/03

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Hon. Commissioner for Patents New York, New York 10020
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATION

Express Mail Label No. EV 132188129 US

Date of Deposit: November 14, 2003

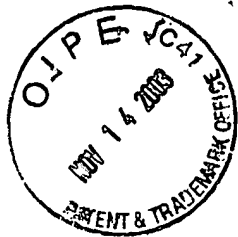
I hereby certify that this certification and the following papers and fees:

1. Transmittal Letter (in duplicate);
2. Preliminary Amendment;
3. Check in the amount of \$172.00; and
4. Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: _____


Claire J. Saintil-van Goodman



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P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Preliminary Amendment;
☐ a Response to Decision on Appeal; ☐ an Amendment; ☐ a
Substitute Specification; ☐ a Declaration; ☐ a Supplemental
Declaration; ☐ a Power of Attorney; ☐ an Associate Power of
Attorney; ☐ a Submission of Formal Drawings; to be filed in the
above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☐ A fee for additional claims is not required.

☒ A fee for additional claims is required.

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The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	16	-	20	* =		X \$ 18 =	\$ 0.00
INDEPENDENT CLAIMS	5	-	3	** =	2	X \$ 86 =	\$ 172.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+ \$290 =	\$ 0.00
						TOTAL	<u>\$ 172.00</u>

* If less than 20, insert 20.

** If less than 3, insert 3.

[X] A check in the amount of \$172.00 in payment of the filing fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

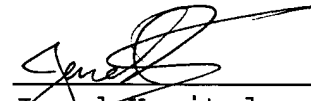
[] The following extension is applicable to the Response filed herewith; [] \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$420.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$950.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,480.00 extension fee for response within fourth month

pursuant to 37 C.F.R. § 1.136(a); \$2,010.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).

[] A check in the amount of [] \$110.00; [] \$420.00; [] \$950.00; [] \$1,480.00; [] \$2,010.00 in payment of the extension fee is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge the [] \$110.00; [] \$420.00; [] \$950.00; [] \$1,480.00; [] \$2,010.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.



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